



**CADTH REIMBURSEMENT REVIEW**

# Patient and Clinician Group Input

**NIVOLUMAB (Opdivo)**  
**(Bristol Myers Squibb Canada)**

**Indication:** As monotherapy, for the adjuvant treatment of adult patients with Stage IIB or IIC melanoma following complete resection

**November 21, 2023**

This document compiles the input submitted by patient groups and clinician groups for the file under review. The information is used by CADTH in all phases of the review, including the appraisal of evidence and interpretation of the results. The input submitted for each review is also included in the briefing materials that are sent to expert committee members prior to committee meetings.

**Disclaimer:** The views expressed in this submission are those of the submitting organization or individual. As such, they are independent of CADTH and do not necessarily represent or reflect the views of CADTH. No endorsement by CADTH is intended or should be inferred.

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CADTH does use reasonable care to prevent disclosure of personal information in posted material; however, it is ultimately the submitter's responsibility to ensure no identifying personal information or personal health information is included in the submission. The name of the submitting group and all conflicts of interest information from individuals who contributed to the content are included in the posted submission.

# Stakeholder Input

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## Patient Input

Name of Drug: Nivolumab (Opdivo) **PC0339-000**

Indication: Nivolumab is indicated for the adjuvant treatment of adult patients with Stage IIB or IIC melanoma following complete resection.

Name of Patient Group: Melanoma Canada

Author of Submission: Annette Cyr

### 1. About Your Patient Group

Melanoma Canada advocates for and supports Canadians living with melanoma and skin cancer with helpful resources, education, psychosocial support services, and more. We are a national patient support organization, founded in 2009 and we advocate on behalf of patients to ensure timely and effective diagnosis and treatments are available to all patients across Canada. [www.melanomacanada.ca](http://www.melanomacanada.ca)

### 2. Information Gathering

Data were gathered for this submission by way of prior on-line surveys for adjuvant therapy which have been consolidated here, social media links, and communications to our registered network of patients.

**Demographics:** There was a total of 172 individual patient responses and a further 15 caregiver responses. Of the total responses for patients, 115 were female and 57 were male. The survey was open to all patients, regardless of stage. Most respondents were early stage or did not know their staging. We had 1 respondent from outside Canada, 109 of respondents from Ontario, 5 Nova Scotia, 18 BC, 17 Alberta, 9 Quebec, 1 Yukon, 4 Sask, 6 Manitoba and 2 from Newfoundland. It was a very wide representation across the country. 20 patients indicated they had been on treatment with adjuvant treatment for stage IIB or IIC following complete resection. 42 of the patients had been diagnosed at stage IIB or IIC initially. Ages of respondents are indicated in Table 1.

Table 1: Age of Respondents

Answer Choices	Responses	
18 to 30 years	3.49%	6
31 to 40 years	7.56%	13
41 to 50 years	9.30%	16
51 to 60 years	22.09%	38
61 to 70 years	33.14%	57
Greater than 70 years	24.42%	42
	<b>Answered</b>	<b>172</b>

### 3. Disease Experience

Patients were asked how their diagnosis of melanoma affects their day-to-day life and quality of life. The most significant impacts reported were 1 – Scarring and Disfigurement; 2. Fear or Anxiety; 3. Disrupted Sleep as well as pain, fatigue, and depression.

Table 2: Impact of Melanoma on Quality of Life

Answer Choices	Responses	
Pain	32.11%	35
Scarring or disfigurement	67.89%	74
Mobility issues (unable to walk or impaired movement)	17.43%	19
Gastrointestinal issues	10.09%	11
Headaches	10.09%	11
Peripheral neuropathy (nerve pain or damage)	15.60%	17
Disrupted sleep	37.61%	41
Appetite loss or weight gain	22.02%	24
Fear or anxiety	60.55%	66
Fatigue	33.94%	37
Depression	32.11%	35
Post traumatic stress	11.01%	12
Nausea or vomiting	2.75%	3
Damage to organs, such a lungs, liver, brain	10.09%	11
Negative Impact to family or social life	24.77%	27
Financial loss or job loss	11.93%	13
Impact on sexuality	16.51%	18
None - there has been no impact	7.34%	8
Other (please explain)		16
	<b>Answered</b>	<b>109</b>

Patients provided the following comments on the impact on their quality of life from the disease itself:

- The fatigue physically limited me and therefore I couldn't function as normal. Burden fell on my husband. Extremely anxious and that made me uncomfortable and hard on my family.
- Time off work, limited physical activities, require more rest.
- My nodal melanoma was painful, ulcerated and bleeding from June-Sept. 2021, which made it necessary to keep a dressing on it at all times. I was fearful and had anxiety as I awaited my surgical oncology referral from May 2021.
- Surgery was on my upper arm, definitely impacted daily activity including work (typing). Serious anxiety and fears since diagnosis and surgery.
- Sleep difficulties. Anxiety. Emotional trauma from scar disfigurement. Social phobia, mild degree.
- My husband died of colon cancer in 2000. At the time our sons were 10, 14 and 18 years old. When I was diagnosed with melanoma in 2019, they were concerned that their remaining parent had also been diagnosed with cancer.
- I have lost some flexibility in the leg that I had two surgeries on. I have scars. I now wear a lymphedema compression stocking, have fittings, and pay for this every 6 month.

- Loss of mobility, can no longer ride my bike, swelling and stiffness due to lymphoma, loss of independence.
- The fatigue means I've decreased my workdays to 2 per week and have reduced my levels of physical activity. Dealing with depression has reduced my desire to be social and is thus leading to loneliness and isolation.
- Nerve pain constantly, deep tissue pain, weakness, hiding disfigured surgical site
- Crippling fear and depression, constant thoughts of death and dying of cancer and not being around for my kids, worries for the future, obsession with my skin and all lesions on it.
- Caused permanent damage to my leg and nerves which impacts ability to walk and stand for long periods due to swelling. I have had long term psychological impact – PTSD
- Anxiety and emotional impacts for sure. I was warned at the start that this journey would be a roller coaster of emotions, uncertainty, and fear. My medical team was always great but there is the uncertainty of how much time I had left and my determination not to waste the time or my energy on frivolous things or people.
- I am anxious about reoccurrence. This anxiety seems to preoccupy many of my thoughts and causes me stress.
- I have had to deal with ongoing scarring issues which affect my identity and the mobility of my shoulder. I have to "hide "from the sun and gave up many enjoyable outdoor activities. We moved from our island and now I live mostly indoors.
- At the very onset of being diagnosed this event significantly impacted my relationship with my spouse. My view of life changed drastically at the time and my spouse appears to be unable to relate to the anxieties and fear I was feeling as various times. There has been improvements over the past month after having received some good news indicating the cancer has not spread to my lymph nodes.
- I tire very easy and due to my steroid of hydrocortisone I have troubles sleeping
- I was very concerned about my life expectancy - made it difficult to find joy in life thinking that my life could end within 12 months
- Worry about summer weather, going on vacation, always trying to stay out of the sun. Not being able to do things with my children because of sun concerns. Worrying about their getting melanoma in the future.
- I find it very hard to walk due to my arterial blockages in both legs , and being limited to carrying no more than 20 lbs , I find it very hard to do groceries , after going through Chemo treatments I am required to go for blood work one a Month for my Cancer D R , I also go for blood work once monthly for My family D R due to My thyroid and diabetic Disease.
- As I waited for my specialist appointment from May to Sept. 2021, I had to keep a dressing on the lesion on my calf all last summer, due to ulcerating and how awful it looked. I also didn't swim at all because I got infection and irritated skin around the lesion. It was painful and I had trouble sleeping due to anxiety and discomfort. After both surgeries, I had mobility issues.
- I am 11 years from original diagnosis. During the critical treatment time and the following follow up years, fear and anxiety were a real presence. With the progression of time and positive follow ups, that has gradually disappeared. A part of the fear and anxiety is that there were no real post-surgical options for me at that time. It was only watch and wait. I would have truly valued some choices post surgery that improved the odds.
- Lymphedema (swelling) of affected arm and hand causes ongoing pain and discomfort
- EVERYTHING. Nothing will ever be the same.
- Having a difficult time with appetite, feelings of nausea, and not able to do much because of these problems. Loss of sleep is also significant.

- Having had 2 episodes of melanoma - 25 years apart, I am in constant fear of recurrence. Since my husband had also had melanoma, we fear for our children as well.
- Surgery on wrist limits mobility to some extent effecting golf swing; lifting items; gardening and painting. Scarring on forehead from surgery/skin graft effects self image
- I do not go outside, therefore no gardening, outside physical activities, picnics, which I used to do prior to the melanomas
- symptoms (from the disease and long-term treatments impacted me in terms of not being able to work fulltime; disease made me modify my daily routine by modifying the time of day I would go outside (fear of the sun), but now am less fearful and use clothing, sunscreen, etc to limit sun exposure
- It impacts how I am treated at work. It limits my sports severely. It robs me of sleep (I get 4 hrs max per night). It limits my walking, enjoyment of outings. I have to sit frequently (it was on my ankle). Anxiety improves with each passing year.
- I have shortness of breath which has led to mobility issues. I have lymphedema in my arm and neck. I have lost mobility in my arm; can't lift it and I can't hold things in my hand. I work from home due to my mobility issues. On medication for nerve damage.
- The cancer has impacted my emotional well being. I have post traumatic stress. I have permanent visible scarring. Financial and career impact was huge.

Caregivers commented on the amount of time and additional costs of taking their family member to appointments and receiving outside care (home care). The time off work for the caregiver is often problematic, and in the case where the patient is working and has to be off work, potentially permanently - affects the financial existence and well-being of many families. As can be seen in the comments above, the emotional impact the disease can be devastating for the entire family. A couple mentioned that it has permanently put them on social assistance and food banks as the loss of income was significant.

#### 4. Experiences With Currently Available Treatments

At this stage of disease (IIB or IIC), there is a need for more options for treatment. There is only one other drug therapy approved (Keytruda) for treatment at this stage of disease. Yet there is a higher risk of recurrence for this stage than for stage IIIA. As such, there is an obvious unmet need for treatment options to prevent recurrence of disease and the negative impact that a recurrence has on overall patient and family well-being. There remain lengthy delays with access to diagnosis and treatment – beyond the significant delays patients experienced pre-pandemic. A vast majority of patients reported that lasting effects of surgery at this stage and the mental health issues associated with the diagnosis with little treatment beyond surgery, were the most difficult and lasting impacts on their quality of life. If invasive surgeries could be minimized through use of an effective adjuvant therapy and the options for adjuvant treatment available, it would go a long way to help patients and their families. Comments from patients regarding experiences with current treatments – mainly surgery, included:

**Mobility & Lymphedema issues** caused by surgery including lymph node dissection (22 patients commented):

- Lymphedema – after surgery, affects all of my day-to-day functioning.

- I am struggling more with the effects of lymphedema than my prominent graft scar. I'm at risk of recurrence.
- Surgery produced lymphedema, as all nodes were removed from left groin. Leg deformed as a result.

**Anxiety and fear** caused by the diagnosis and lack of treatment options (mentioned by over 70 patients):

- Day to day living without disruption, fear and fatigue would be great, but when I tire it takes about another day or two after to recover
- I am anxious about reoccurrence. This anxiety seems to preoccupy many of my thoughts and causes me stress.
- Sleep is disrupted all the time. Fear creeps in. Crying comes out of nowhere. I can't take stress anymore. I wonder sometimes if dying is a better option.

**Financial Impacts:**

- Traveling to radiation treatments and for appointments takes over an hour from my home. Fuel and parking plus the out-of-pocket costs to treat lymphedema.
- High dose prednisone for 2 years, 100 lbs gained. Four months to put it on, four years to take it off. Poverty. Problems getting ODSP.
- Financial - have to spend extra money for dry a lot of dry mouth products and fluoride to make sure my teeth don't rot as a result of surgery on my lymph nodes and my throat.
- Financially I lost time at work. I am more vigilant for my health which can be costly with purifiers, naturopathic treatments, and other health care that is not covered. The time commitment is enormous, while also working and having a family life.

## 5. Improved Outcomes

Most patients indicated they are very willing to accept the side effect profile of nivolumab if it would potentially mean that they would not have to deal with a recurrence. A few elderly patients suggested they would consider their overall health status and would have to see at the time what their oncologist feels is the best option for them to prevent recurrence of disease, particularly if it meant a lot of travel to receive treatment. Patients would like a therapy that allows them to function as best as possible – ideally able to work and continue normal day to day activities without significant long term side effects. Comments regarding having earlier adjuvant access to treatment included:

- If I had treatment available, I would hope it would allow me to see my daughter live through to her adult years and be healthy to enjoy my empty nest. She fears having inherited the gene that makes her susceptible to the same melanoma risk as her mother. My mother has melanoma too.
- It would give me more hope of survival and improve my emotional well being as I am constantly afraid of the cancer spreading to other areas of my body given the aggressive nature of this disease.
- Likely if this therapy would have been available to me, it might have meant I didn't have the recurrences and subsequent physical challenges. No interferon, no skin grafts - my life might have been very different.
- I would have liked an option to prevent this from spreading. Think it would be a game changer.

- My stress and anxiety about reoccurrence would be substantially reduced. I would feel that I am doing something to help myself combat the disease.
- Having a drug that would give me hope to live longer would mean everything to me and my family/friends.
- My life is to be here as long as I can and I listen to my Drs as my endocrinologist & oncologist and my family Dr when it comes to taking drugs that will help, and I'm open to advancements in medicine.

## 6. Experience With Drug Under Review

20 patients indicated they had been treated with adjuvant therapy for stage IIB or C melanoma. A common issue was the length of time and cost of travel to get to a clinical trial site for treatment. Of those treated, 73% indicated the side effects were worth the treatment and 27% indicated the side effects were not worth the treatment. For those treated, the following is a list of side effects reported:

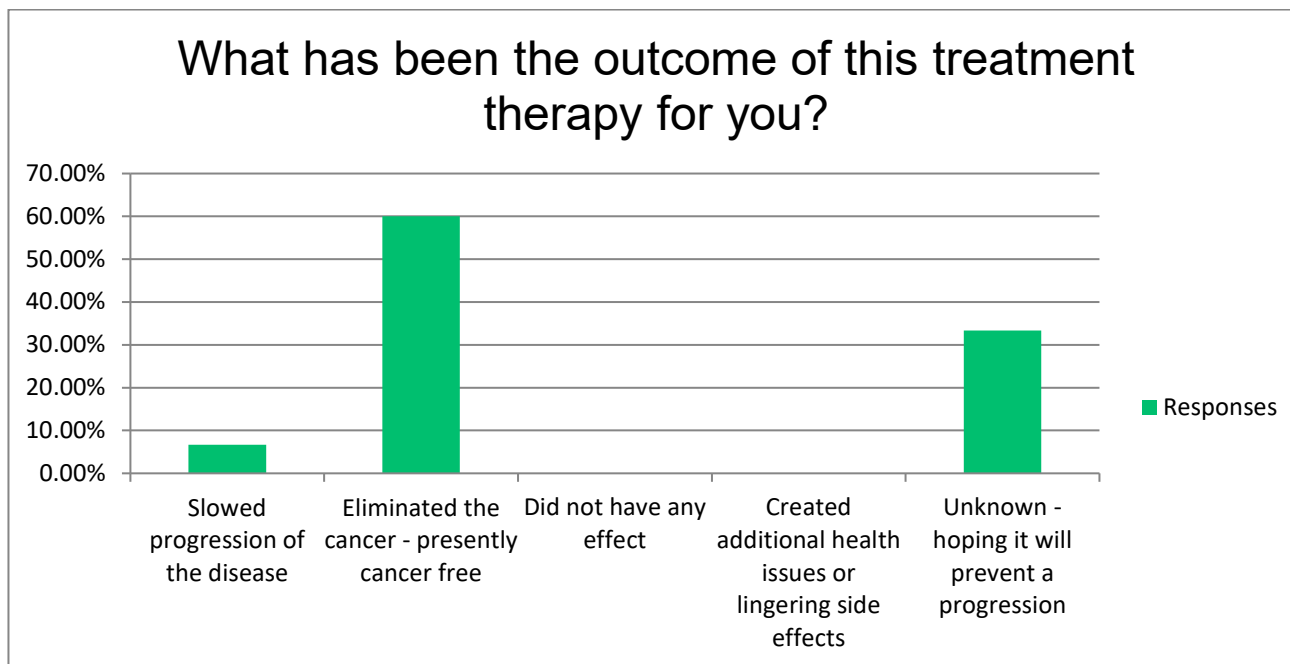
Table 3: Reported Side Effects:

Answer Choices	Responses	
Skin rash	53.33%	8
Thyroid or pituitary gland issues	46.67%	7
Shortness of breath, cough or chest pain (pneumonitis)	20.00%	3
Fatigue or weakness	66.67%	10
Diarrhea or Colitis	13.33%	2
Nausea	13.33%	2
Muscle or Joint pain	46.67%	7
Fever or flu like symptoms	13.33%	2
Headaches	40.00%	6
Stomach pain	6.67%	1
Liver problems or abnormal liver blood tests	6.67%	1
Weight loss or Loss of appetite	13.33%	2
Weight gain	40.00%	6
Cognitive Impairment	13.33%	2
Sexual impairment	13.33%	2
None	13.33%	2
Other (please specify any other side effects you experienced).		6

Patients were asked about the outcomes they have experienced with adjuvant treatment. Responses are captured in Table 4 below:

Table 4: Outcomes Reported of Treatment





Key values for patients and caregivers for this drug therapy include effectiveness in preventing recurrence of disease; tolerable side effects without long term quality of life impacts; minimal impact on finances including easily accessible without having to travel long distances and the possibility of continuation of work or daily activities without significant interruption.

## 7. Companion Diagnostic Test

Not applicable.

## 8. Anything Else?

It is critically important to have more options for earlier treatment for this deadly disease. The research data points to the fact that patients diagnosed at stage IIB or IIC have a very high rate of recurrence and potential metastasis. The financial cost of earlier treatment is far less than the treatment for metastatic disease and as you can see from the patient comments, the emotional, physical, and societal impact of melanoma is significant and lasting. This much needed, proven therapy gives not only hope, but a real chance of survival and quality of life for many. It may prevent unnecessary surgical and radiation impacts to quality of life and the burden to patients of ongoing treatment.

## Appendix: Patient Group Conflict of Interest Declaration

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.

No

2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.

No

3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

**Table 1: Financial Disclosures**

Check Appropriate Dollar Range with an X. Add additional rows if necessary.

Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
Bristol Myers Squibb Canada				X

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

**Name: Annette Cyr**

**Position: Honorary Chair of the Board, Founder**

**Patient Group: Melanoma Canada**

**Date: November 16, 2023**

Name of Drug: Nivolumab (Opdivo®) in Stage II

Indication: A treatment for adults with cutaneous melanoma in Stage II.

Name of Patient Group: Save Your Skin Foundation

Author of Submission: Kathy Barnard

## 1. About Your Patient Group

Save Your Skin Foundation (SYSF) is a national patient-led not-for-profit group dedicated to the fight against non-melanoma skin cancers, melanoma and ocular melanoma through nationwide education, advocacy, and awareness initiatives. SYSF provides a community of oncology patient and caregiver support throughout the entire continuum of care, from prevention and diagnosis to survivorship.

**Website:** <https://saveyourskin.ca/>

## 2. Information Gathering

We obtained valuable insights through a widespread online survey, available in both English and French languages, which was shared extensively across social media and newsletters, focusing on Stage II Cutaneous Melanoma. Engaging (14) individuals across all melanoma stages (10 English; 4 French), our data revealed that (2) participants were diagnosed with Stage II and qualified for the Opdivo®. This month-long data collection, exclusive to Canadian patients, emphasizes the need for additional options in melanoma care.

Between both the English and French surveys, we had responses from (8) females and (6) males, spanning age groups: 50-59 (3), 60-69 (10), and 70-79 (1). Geographically diverse, respondents hailed from British Columbia (5), Alberta (1), Manitoba (1), Ontario (2), Quebec (3), and Nova Scotia (2).

Despite the modest sample size, common themes emerged in participants' experiences with melanoma. The results underscore the validity of Nivolumab for stage II, acknowledging the shared understanding within the melanoma community regarding the crucial need for diverse treatment options. Notably, (13) respondents highlighted mental health concerns linked to their diagnosis.

Noteworthy cases of drug administration include (1) respondents through a Clinical Trial and (1) via the BC medical system. In conclusion, our survey illuminates the collective perspective of Stage II Cutaneous Melanoma patients, reinforcing the drug's relevance and the imperative nature of diversified treatment routes in their journey.

To supplement the data collected in this survey, we will be including perspectives gathered from patients during fireside chats, support groups, and roundtables; one-on-one conversations; and other surveys over the past year.

## 3. Disease Experience

**Listed are the symptoms and their frequencies among the patients:**

- Financial strain (some respondents)

- Stress (all respondents)
- Emotional toll (all respondents)
- Difficulty and fear (all respondents)
- Physical exhaustion, emotional strain, and mental fatigue (all respondents)
- Fear and/or anxiety (all respondents)
- Scarring and disfigurement (all respondents)
- Fatigue (all respondents)

A majority of these patients shared similar narratives and symptoms related to their diagnosis, with all acknowledging the impact of symptoms on their day-to-day lives.

All surveyed patients experienced feelings of fear, anxiety, and confusion. The majority lacked knowledge about melanoma, its implications, and the subsequent steps in their journey. Cancer staging and lymph node dissection were unfamiliar concepts. They emphasized their need for comprehensive information, seeking guidance from various sources.

Upon reaching a cancer center or consulting with an oncologist, some anxiety lessened, but a sense of dread and fear heightened when they didn't qualify for treatment due to being in stages 2 rather than 3 or 4. Patients diagnosed with stage 2 faced limited access to available treatments, constrained to specific centers and provinces. Those without access to special treatments were gripped by the distressing prospect of having to endure a 'Wait and Watch' approach.

**Patient quotes:**

*“Roller coaster emotional experience – fear, denial, depression.”*

*“Mentally exhausting.”*

*“Stressful on entire family being given a cancer diagnosis.”*

*“Terrifying mentally and physically exhausting and a lot of anxiety.”*

*“It has been an ongoing struggle with recurrences requiring more and more invasive treatments. I have a reduced income now that I am on LTD, I have had ongoing depression and physical challenges dealing with the side effects from various treatments..”*

*“The emotional struggle was probably the most challenging After lung surgery in 2021 naturally breathing became a challenge along with the pain of recovering.”*

*“Suffered numerous fractures, always seem to be in recovery mode. Troubles with walking, weight gain, lack*

*of emotions."*

*"Physical and emotional."*

*"Stressful on my entire family being given a cancer diagnosis."*

#### **4. Experiences With Currently Available Treatments**

It is important to note that there is only one other approved treatment for stage II patients. In our combined English and French surveys, involving (14 respondents) diagnosed at various times from 2007 to 2019, a shared set of ongoing symptoms emerged, including:

- Numbness
- Changes due to surgery
- Bladder issues
- Muscle pains
- Vision loss
- Fatigue
- Nausea
- Skin rash
- Gastrointestinal issues
- Weight loss or gain

The two main respondents who received the drug under review both indicated that they had only undergone surgery before being put onto Opdivo®.

Another response we consistently hear from patients across treatments is the physical and emotional impact of lasting scarring from surgery or radiation treatment. The quotations below demonstrate that the use of surgery and radiation as first-line treatments exacerbates the burden on patients.

*"Huge scar which people question [me] about."*

*"It has disfigured me as I had several skin grafts on my face followed by radiation because at the time I was told that I did not qualify for immunotherapy. The radiation shrunk the skin graft and took away my lashes and my bottom eyelid. I am very self-conscious and embarrassed about my looks."*

#### **Exploring the impact on quality of life for both patients and caregivers, respondents provided insightful quotes:**

*"The side effects from the treatments have been debilitating at times and have reduced my ability to make*

*plans for my future and to work at my job.”*

*“My wife would still be alive, and I wouldn't have had to deal with the loss of her.”*

*“It would greatly reduce the physical and emotional stress and worry for both me and my caregiver.”*

*“I would be back to normal.”*

In summary, these responses shed light on the diverse experiences with currently available treatments, revealing a spectrum of symptoms, perspectives on companion testing, and varying impacts on treatment initiation. These responses also illuminate the profound impact that effective treatments can have on the lives of patients and their caregivers. The desire for improved outcomes is not merely medical; it extends to alleviating emotional burdens, reducing stress, and restoring a sense of normalcy to daily life. Understanding these perspectives is crucial for evaluating the holistic benefits of new therapies. The findings underscore the need for a nuanced approach to addressing the individualized challenges and benefits patients encounter in their cancer journey.

## **5. Improved Outcomes**

We sought our respondents' perspectives on potential improvements in new treatments and the challenges they faced in accessing drug therapy. Travel, a persistent issue in Canada's melanoma landscape, was notably mentioned by (2 respondents), with one individual highlighting the need to miss work for treatment-related travel.

Expressing the significance of the treatment, (1 respondent) emphasized its importance to them and their family.

### **When asked about their expectations for new treatments, respondents echoed earlier sentiments:**

- Effectiveness
- Cancer elimination without negative side effects
- Increased resources in rural areas
- Melanoma eradication
- More options in case of recurrence
- More options in rural areas to negate the need for travel

### **Patient quote regarding new treatments:**

*“As a patient, I am open to all new treatments that could improve my life expectancy”*

*“The new immunotherapy treatments are amazing – I just wish there were more available and more treatment centres accessible to rural areas.”*

*“Very amazing new developments are happening all the time. I would be willing to try any new treatment to have more time with my family.”*

*“Currently the treatment I’m on is very manageable and I can still live life, work and do everything I could before.”*

*“Patients need access to these life saving treatments – melanoma used to be an instant death sentence, now it is treatable. Had I not had treatment upon diagnosis in the adjuvant stage, I may not have lived to see my daughters graduate high school – and now college.”*

*“Immunotherapy should be free to all-stage patients.”*

## **6. Experience With Drug Under Review**

### **Among the (14) surveyed patients:**

- (2) received the drug under review, Opdivo®.

### **Understanding their treatment history before being placed on Opdivo®:**

- (2) respondents had undergone surgery before moving forward with Opdivo®.

### **When obtaining the drug:**

- (1) participant gained access through a clinical trial, while the other accessed it via the BC Medical system.

### **Divergent experiences emerged in completing their treatment courses:**

- respondent completed the full course.
- respondent did not complete their treatment, being hospitalized twice due to gastrointestinal side effects.

### **Reported side effects during treatment included:**

- Fatigue
- Skin rash
- Gastrointestinal issues
- Weight loss or weight gain

### **While recognizing that side effects are inherent to many drugs, respondents were asked if the treatment benefits outweighed these effects:**

- (1) respondent affirmed, while (1) respondent disagreed.

In evaluating their overall experience, it's crucial to acknowledge the nuances. Notably, (1) respondent faced the challenge of missing work due to travel requirements for accessing the drug under review.

In conclusion, these insights provide a multifaceted understanding of patient experiences with Opdivo®, revealing varying responses to treatment, side effects, and the complex balance between benefits and challenges.

## **7. Companion Diagnostics**

Concerning companion testing, (2 respondents) underwent testing, while (12 respondents) were either told or found it inapplicable. Notably, accessing companion testing posed no challenges for any respondent. However, (1 respondent) faced treatment delays due to the testing process, with (3 respondents) experiencing adverse effects. Additionally, (4 respondents) were unsure about payment coverage, and (1 respondent) confirmed substantial personal expenditure for testing.

On average, respondents rated the testing's perceived benefit at 2.2 out of 5. Notably, uncertainty in treatment decisions arose from test results, with (3 respondents) acknowledging this uncertainty and (4 respondents) disagreeing.

## **8. Anything Else?**

As patient advocates, we acknowledge the positive impact of innovative treatments on melanoma survival rates. These advancements have undoubtedly provided hope and extended lives for many. Nevertheless, our role also unveils the challenging reality where some patients encounter gaps in accessing these treatments. It is equally crucial to acknowledge the multifaceted nature of patient experiences. While progress has been made in improving survival rates, barriers such as travel constraints persist, as highlighted by (2 respondents) who had to navigate work disruptions to receive crucial treatments. This underscores the importance of addressing logistical challenges, such as the need to travel from rural areas for care, to ensure equitable access for all patients.

Consistent feedback from our surveys and roundtable discussions with patients emphasizes a common sentiment: upon diagnosis, individuals desire a seamless process, involving timely presentation of treatment options. They express a preference for active involvement, alongside their medical team, in making decisions regarding the best course of action. Many early-stage melanoma patients express surprise at the lack of available treatment options until their condition advances.

Additionally, the survey revealed nuanced perspectives on companion testing, with (2 respondents) undergoing testing, while others found it or were told it was inapplicable to them. Understanding the varied experiences around testing procedures, including delays, adverse effects, and financial implications, emphasizes the need for streamlined processes and support mechanisms.

Respondents expressed a collective desire for new treatments that go beyond mere effectiveness. Their aspirations include treatments that eliminate cancer without negative side effects and increased resources in



isolated or rural areas. These responses demonstrate the potential to consider how care options affect the holistic life of a patient, and where it is possible to reduce the burden on patients.

**These are comments we hear from patients who have completed treatment in all stages of melanoma:**

- “Any new drugs and treatments that can help others in this condition are worth investigating.”*
- “Very amazing new developments are happening all the time. I would be willing to try any new treatment to have more time with my family.”*
- “treatment saved my life! All patients need access to IO and/or targeted therapy treatments in Canada and not just in a clinical trial.”*

In conclusion, at SYSF, we recognize the transformative potential of innovative treatments in melanoma care. However, our ongoing commitment involves advocating for solutions to address existing gaps and challenges. By amplifying patient voices, we aim to contribute to a healthcare landscape that not only advances medical outcomes but also prioritizes accessibility, reduced burden, and improved overall well-being for all melanoma patients and their caregivers.

**Other important information from the survey:**

**Appendix: Patient Group Conflict of Interest Declaration**

To maintain the objectivity and credibility of the CADTH reimbursement review process, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This Patient Group Conflict of Interest Declaration is required for participation. Declarations made do not negate or preclude the use of the patient group input. CADTH may contact your group with further questions, as needed.

1. Did you receive help from outside your patient group to complete this submission? If yes, please detail the help and who provided it.  
NO
2. Did you receive help from outside your patient group to collect or analyze data used in this submission? If yes, please detail the help and who provided it.  
NO
3. List any companies or organizations that have provided your group with financial payment over the past 2 years AND who may have direct or indirect interest in the drug under review.

**Table 1: Financial Disclosures**

Check the Appropriate Dollar Range With an X. Add additional rows if necessary.

Company	\$0 to 5,000	\$5,001 to 10,000	\$10,001 to 50,000	In Excess of \$50,000
BMS (for melanoma education and awareness)				70,000

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this patient group with a company, organization, or entity that may place this patient group in a real, potential, or perceived conflict of interest situation.

**Name: Kathleen Barnard**

**Position: President**

**Patient Group: Save Your Skin Foundation**

**Date: November 16th, 2023**

# Clinician Group Input

CADTH Project Number: PC0339

Generic Drug Name (Brand Name): Nivolumab (Opdivo)

Indication: Nivolumab, as monotherapy, for the adjuvant treatment of adult patients with Stage IIB or IIC melanoma following complete resection.

Name of Clinician Group: Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee

Author of Submission: Dr Frances Wright, Dr. Teresa Petrella, Dr. Marcus Butler, Dr. Xinni Song, Dr. Tara Baetz, Dr. Elaine McWhirter

## 1. About Your Clinician Group

OH-CCO's Drug Advisory Committees provide timely evidence-based clinical and health system guidance on drug-related issues in support of CCO's mandate, including the Provincial Drug Reimbursement Programs (PDRP) and the Systemic Treatment Program.

## 2. Information Gathering

Information was gathered through an OH-CCO Skin Cancer DAC meeting.

## 3. Current Treatments and Treatment Goals

Patients with stage IIB and stage IIC has high-risk for melanoma disease recurrence and mortality associated with this diagnosis. The risk is higher compared to subgroups of stage III patients (stage IIIA). Currently, the only treatment available is pembrolizumab. Funding for nivolumab will provide additional options.

Treatment is aimed at improving recurrence free survival, distant metastasis-free survival as these are important endpoints for patients and possible surrogate for long-term overall survival.

## 4. Treatment Gaps (unmet needs)

4.1. Considering the treatment goals in Section 3, please describe goals (needs) that are not being met by currently available treatments.

As pembrolizumab is the only option for patients with stage IIB and stage IIC melanoma. Nivolumab will offer an additional choice. These agents has different dosing frequency (pembrolizumab q3w /q6w, nivolumab q2w/q4w).

Pembrolizumab vial size can sometimes limit the administration of dosing in satellite treatment centers, having an alternative drug option will ensure patients can receive their treatments close to home.

For those patients with infusion-related toxicity to one agent, may be able to switch to another agent.

## 5. Place in Therapy

5.1. How would the drug under review fit into the current treatment paradigm?

Nivolumab would be adjuvant treatment after appropriate surgical management.

If patients experience an infusion reaction to nivolumab, they should be allowed to switch to pembrolizumab, and vice versa.

5.2. Which patients would be best suited for treatment with the drug under review? Which patients would be least suitable for treatment with the drug under review?

Patients best suited would align with the inclusion criteria of the study. Patients with stage IIB and stage IIC.

Patients least suited would align with the exclusion criteria of the study.

5.3 What outcomes are used to determine whether a patient is responding to treatment in clinical practice? How often should treatment response be assessed?

Lack of recurrence by physical exam and CT scans, as per clinical practice.

5.4 What factors should be considered when deciding to discontinue treatment with the drug under review?

Toxicity and unresectable distant disease progression.

5.5 What settings are appropriate for treatment with [drug under review]? Is a specialist required to diagnose, treat, and monitor patients who might receive [drug under review]?

A medical oncologist would need to diagnose and treat in an outpatient setting.

## 6. Additional Information

The DAC believes patients should have access to ipilimumab/nivolumab if patients have unresectable recurrent disease while on adjuvant nivolumab or relapsed within 6 months of adjuvant therapy.

The DAC agrees that patients with resectable disease development during nivolumab adjuvant would be able to complete the year of treatment following resection and that if they recur more than 6 months following completion of therapy and have resectable disease they could be considered for another year of adjuvant nivolumab.

As per CADTH, to be consistent with the implementation advice for pembrolizumab, patients who receive nivolumab “as potentially curative therapy and then relapse be eligible for downstream immunotherapy with nivolumab or pembrolizumab if equal or greater than 6 months have elapsed from the completion of adjuvant therapy.”

## 7. Conflict of Interest Declarations

To maintain the objectivity and credibility of the CADTH drug review programs, all participants in the drug review processes must disclose any real, potential, or perceived conflicts of interest. This conflict of interest declaration is required for participation. Declarations made do not negate or preclude the use of the clinician group input. CADTH may contact your group with further questions, as needed. Please see the [Procedures for CADTH Drug Reimbursement Reviews](#) (section 6.3) for further details.

1. Did you receive help from outside your clinician group to complete this submission? If yes, please detail the help and who provided it.

OH-CCO provided a secretariat function to the group.

2. Did you receive help from outside your clinician group to collect or analyze any information used in this submission? If yes, please detail the help and who provided it.

No.

3. List any companies or organizations that have provided your group with financial payment over the past two years AND who may have direct or indirect interest in the drug under review. **Please note that this is required for each clinician who contributed**

to the input — please add more tables as needed (copy and paste). It is preferred for all declarations to be included in a single document.

Declaration for Clinician 1

**Name:** Dr. Frances Wright

**Position:** Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee lead

**Date:** 10-11-2023

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 1: Conflict of Interest Declaration for Clinician 1**

Company	Check appropriate dollar range*			
	\$0 to \$5,000	\$5,001 to \$10,000	\$10,001 to \$50,000	In excess of \$50,000
Add company name				

\* Place an X in the appropriate dollar range cells for each company.

Declaration for Clinician 2

**Name:** Dr. Teresa Petrella

**Position:** Member, Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee

**Date:** 08-11-2023

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 2: Conflict of Interest Declaration for Clinician 2**

Company	Check appropriate dollar range*			
	\$0 to \$5,000	\$5,001 to \$10,000	\$10,001 to \$50,000	In excess of \$50,000
BMS	X			
Merck	X			
Novartis	X			
Pfizer	X			
Roche	X			
Sanofi	X			

\* Place an X in the appropriate dollar range cells for each company.

### Declaration for Clinician 3

Name: Dr. Marcus Butler

Position: Member, Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee

Date: 08-11-2023

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 3: Conflict of Interest Declaration for Clinician 3**

Company	Check appropriate dollar range*			
	\$0 to \$5,000	\$5,001 to \$10,000	\$10,001 to \$50,000	In excess of \$50,000
BMS	X			
Merck	X			
Novartis	X			
Pfizer	X			
Sanofi	X			
Medison	X			

\* Place an X in the appropriate dollar range cells for each company.

### Declaration for Clinician 4

Name: Dr. Xinni Song

Position: Member, Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee

Date: 08-11-2023

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 4: Conflict of Interest Declaration for Clinician 4**

Company	Check appropriate dollar range*			
	\$0 to \$5,000	\$5,001 to \$10,000	\$10,001 to \$50,000	In excess of \$50,000
BMS	X			

Merck	X			
Novartis	X			
Roche	X			

\* Place an X in the appropriate dollar range cells for each company.

**Declaration for Clinician 5**

Name: Dr. Tara Baetz

Position: Member, Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee

Date: 08-11-2023

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 5: Conflict of Interest Declaration for Clinician 5**

Company	Check appropriate dollar range*			
	\$0 to \$5,000	\$5,001 to \$10,000	\$10,001 to \$50,000	In excess of \$50,000
BMS	X			
Merck	X			
Novartis	X			
Pfizer	X			

\* Place an X in the appropriate dollar range cells for each company.

**Declaration for Clinician 6**

Name: Dr. Elaine McWhirter

Position: Member, Ontario Health (Cancer Care Ontario) Skin Cancer Drug Advisory Committee

Date: 08-11-2023

I hereby certify that I have the authority to disclose all relevant information with respect to any matter involving this clinician or clinician group with a company, organization, or entity that may place this clinician or clinician group in a real, potential, or perceived conflict of interest situation.

**Table 5: Conflict of Interest Declaration for Clinician 6**

Company	Check appropriate dollar range*			
	\$0 to \$5,000	\$5,001 to \$10,000	\$10,001 to \$50,000	In excess of \$50,000

BMS	X			
Merck	X			
Novartis	X			
Sanofi	X			

\* Place an X in the appropriate dollar range cells for each company.